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ABSTRACT

During a 1-year project at the University of Iowa, curricula were developed for preparing respiratory care aides and rehabilitation aides in a short time frame. State advisory committees of experts in the field were convened to determine the competencies to be included. The competencies were validated with incumbent workers, and two short-term curricula were prepared. They include competencies, course objectives, content outlines, and suggested teaching methodologies. The curricula are aimed at registered nurses and licensed practical nurses who are already providing care of this type without benefit of a formal program. They will be reviewed and revised within 3 years. (A report supplement outlines the process of producing each of the curricula, and includes copies of competencies developed for rehabilitation aides and the validation study for rehabilitation aides.) (KC)

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Activity Number: FCS 90-03-07

Activity Title: Development of Short Term Preparatory Curricula for Multiskilled Health Workers

B. Final Report

Development of Short Term Preparatory Curricula for Multiskilled Health Workers, The University of Iowa, Fiscal Year 1990, Iowa City IA., July 1, 1989 - June 30, 1990

1. State the objectives of the program:
   a. Organize state advisory committees composed of employers and experts in the field to determine the competencies to be included in a "limited respiratory curriculum" and a rehabilitation aide curricula.
   b. Validate the competencies with incumbent workers.
   c. Using the competencies and with the assistance of experts in the area, prepare a "state" approved curricula to prepare the health personnel to perform the identified competencies.
   d. Disseminate the curricula at a state workshop and have a workshop for teachers.

2. Procedures utilized in implementing the objectives:
   Each of the curricula technical assist committees met to first identify competencies and second to approve completed curricula. Experts who had experience teaching the similar programs were contracted to prepare the curricula following the meeting of the advisory committees. Staff at PHOE served as curricula experts in reviewing and editing the curricula.

3. Audience Served:
   The audience for the "limited respiratory care" curricula will be registered nurses and licensed practical nurses who are already providing some respiratory care without the benefit of a formal, consistent program. In addition to receiving quality preparation, the licensed nurses can also now receive C.E.U.'s for the program toward renewal of licensure.

   The audience for the rehabilitation aide will be primarily nurse aides who work in long term care facilities, who will under the direction of an Occupational Therapist or a Physical Therapist administer treatment plans developed by these two health professional groups.

4. Special Activities:
   The selection of the state advisory committee and the face to face meetings provided the information required to develop the course. Dissemination of the materials and teacher training programs will provide the final special activities.

5. Sex Equity:
   All materials developed and disseminated will promote sex equity. Committees included representatives from both sexes.

CE 060 613

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6. Evaluation of Project:
State advisory committees were used to evaluate the final curricula. Their suggestions were used and revisions were made. The group provided continual feedback and evaluation. The final evaluation of the two curricula will be the use in the field.

7. Evaluation Findings:
The potential audience to be served has not yet had an opportunity to evaluate the final product; however the advisory committees (which include future teachers) seem excited about the prospect of the new/ updated curricula which will be offered this fall in many of the area community colleges.

8. Success Stories:
Not applicable.

9. Recommendations:
Continued revision/development of short term curricula to meet the needs of the health care industry. These short term preparatory programs provide valuable educational preparation for workers in the industry. The competencies taught in the programs are essential for success in the field. The state programs also provide consistency for the job titles throughout the state and benefit not only the employer but the employed.

Products
Two short term curricula were developed. These included competencies, course objectives, content outline and suggested methodologies for teaching. The final revisions recommended by the advisory committees are being made on these curricula and as soon as completed will be submitted to the ICAS and the Department of Education. Each area college will also receive a copy and additional copies will be available through ICAS.

Quality Control
The state advisory committees provided the first quality check. The second check will be made when the course is taught and teachers and students will be asked to evaluate the curricula. As with all state approved curricula they will be reviewed and revised as needed, generally every two to three years.

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF EDUCATION
WILLIAM L. LEPLEY, Ed.D., DIRECTOR

REPORT SUPPLEMENT

FCS 90-03-07
Development of Short Term Preparatory Curriculums
for Multiskilled Workers.

Respiratory Care
There were a total of 4 committee meetings for the Limited Practice Respiratory Therapy program. A total of ten persons, Joyce Brandt and the writer Amy Anderson were on the committee. (7 males, 5 females) Since all of the area colleges with respiratory programs, the respiratory credentialing board, and the association were all members of the committee the final committee meeting was an in-service to acquaint the members with revisions and receive their approval. Some revisions were made and the committee felt the curriculum would prepare the workers with competencies needed in limited respiratory therapy. Copies of the curricula have been deposited at the Department of Education. The curriculum will be further evaluated as it is taught and if necessary further revisions will be made.

Rehabilitation Aide
There were a total of four committee meetings for Rehabilitation Aide. A total of thirteen (12 female - 1 male) committee members. The attached competencies were developed by the committee, evaluated and validated by incumbent workers. (Compilation of survey attached). The curricula shared with the adult health coordinators, who will be offering the classes, at an annual face to face meeting. The final curriculum copies will be available in the near future. They curricula will be further evaluated as being taught be the area colleges.

Benefits: Both of these short term program will be taught in the area colleges and will benefit students by providing them with competencies needed to complete a job and will benefit the industry by providing personnel with more diverse skill to provide quality patient care. Currently there is a shortage of health professionals - both programs will help meet some of these shortage needs.

Attachments:
You have already received the appropriate numbers of copies of the Limited Practice Respiratory Care.
Copy of competencies developed for Rehabilitation Aide.
Copy of competency validation study for Rehabilitation Aide.

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REHABILITATION AIDE
SURVEY RESULTS

PERSONS WHO ANSWERED SURVEY

Ninety-five surveys were mailed. Forty-nine (52%) to completers of the Hawkeye Institute of Technology Program and 46 (48%) to Indian Hills Community College completers. Nineteen (20%) were returned because of wrong addresses. Thirty-five (45%) of the remaining 77 questionnaires were completed and returned. All respondents had completed a Rehabilitation Aide program. Fourteen (40%) of the respondents had taken the course at Hawkeye Institute of Technology, 20 (57%) took the course at Indian Hills Community College and 1 (3%) took the course from Covenant Hospital. The respondents had been working from 3 months to ten years. See Table 1 below.

TABLE I
EXPERIENCE OF RESPONDENTS

Years as Rehabilitation Aide	Number (%) Respondents
3 - 6 Months	5 (14%)
1 - 2 Years	8 (23%)
2 - 3 Years	11 (31%)
3 - 4 Years	3 (9%)
4 - 5 Years	2 (6%)
6 - 7 Years	5 (14%)
10 Years	1 (3%)

The respondents reported working in residential facilities, hospitals and long term care facilities. Table 2 summarizes the work arenas.

TABLE 2
TYPES OF HEALTH CARE FACILITIES IN WHICH RESPONDENTS WERE WORKING

TYPE OF HEALTH CARE FACILITY	NUMBER (%) RESPONDENTS EMPLOYED
Hospital with Swing Beds	7 (20%)
Hospital in Physical Therapy	1 (3%)
Hospital (Ortho and *Rehab.)	1 (3%)
Hospital (Home Care)	1 (3%)
V.A. Medical Center	1 (3%)
Residential Facility	3 (9%)
Long Term Care Facility	21 (60%)

The competencies the respondents were asked to assess were the competencies identified by the technical advisory committee. The respondents were asked to first determine if they performed the competency and if they did to then determine how frequently they performed the competency.
The following is a summary of the responses.

COMPETENCY	PERCENTAGE OF RESPONDENTS WHO PERFORM COMPETENCY	FREQUENCY OF PERFORMANCE
Charting rehabilitation activities	77%	81% Frequently 19% Often
Use Motivational techniques and approaches	100%	80% Frequently 17% Often
Use of the Rehabilitation Bill (14% Had Never Heard of Bill)	57%	29% Frequently 26% Often
Recognize the normal aging process	97%	66% Frequently 31% Often
Provide Rehabilitation services to Residents with		
Central Nervous System Diseases	89%	69% Freq/Often
Degenerative Diseases	97%	91% Freq/Often
Traumatic injuries/assaults	49%	37% Freq/Often
Medical/Surgical Conditions	77%	63% Freq/Often
Developmental Disabilities	66%	54% Freq/Often
Terminal Illnesses	89%	57% Freq/Often
CVA's (Stroke)	94%	94% Freq/Often
Perform Range of Motion for all extremities (Passive and Active)	97%	82% Frequently 9% Often
Use good body mechanics	100%	94% Frequently 6% Often
Transfer Residents with:		
Gait belts	97%	91% Freq/Often
Transfer belts	74%	71% Freq/Often
Dependent Transfer	91%	85% Freq/Often
Other (Please List) Hoyer Lift and Whirlpool chair		
Apply the following devices:		
Splints	89%	77% Freq/Often
Braces	91%	80% Freq/Often
Orthodics	66%	54% Freq/Often
Prosthesis	49%	23% Freq/Often
Use ambulation equipment		
Wheel Chairs	100%	100% Freq/Often
Walkers	100%	97% Freq/Often
Quad Canes	97%	80% Freq/Often
Crutches	63%	40% Freq/Often
Others (Please List) * Straight Canes, Parallel Bars and Walkers on Wheels were also mentioned.		

Survey Results Continued.

COMPETENCY	PERCENTAGE OF RESPONDENTS WHO PERFORM COMPETENCY	FREQUENCY OF PERFORMANCE
Position residents	100%	91% Frequently 9% Often
Encourage independent care	100%	83% Frequently 14% Often
Assist the Professional in training the resident in self care	91%	54% Frequently 29% Often
Order/select ADL supplies and equipment	51%	14% Frequently 29% Often
Use exercise techniques	74%	34% Frequently 34% Often
Monitor cardiopulmonary responses to exercise routines	34%	14% Frequently 17% Often
Use Reality Orientation Techniques **Validation Therapy as alternate	89%	57% Frequently 29% Often
Use pain management techniques	66%	51% Frequently 14% Often
Use principles of care to maintain a healthy back	100%	89% Frequently 6% Often
Consult with Occupational Therapist	60%	23% Frequently 26% Often
Consult with the Physical Therapist	91%	69% Frequently 20% Often

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Following is a list of 26 additional tasks the respondents stated they performed and the number of Respondents who identified the task.

Additional Tasks	Number of Respondents listing
Apply Hydroculator Packs (Hot Packs	6 (17%)
Ultra Sound Treatments (Under Direction of P.T.)	4 (11%)
Whirlpool Baths	3 (9%)
Massage	3 (9%)
Parafin bath with supervision of Charge Nurse	2 (6%)
Hot/Cold Pain Treatment - Finger Dex	2 (6%)
Electric Stimulators (Under Direction of P.T.)	1
Sign Language	1
Buy clothes for residents	1
Wash and dry clothes	1
Food Percent at meal times	1
Stand Up Exercises	1
Group Walking	1
Work with getting resident involved in the Therapy	1
Ice	1
Interefentials Machine	1
ADL Training of all kinds	1
Rehab. Cooking	1
Hydrotherapy	1
Gait Training	1
Bowel-Bladder training program	1
Group Exercises	1
Take residents to the Dr.	1
Help develop Rehab. Programs	1

Respondents were asked to list any special equipment they used in performing their activities. Following is a list of equipment and the frequency it was listed.

Equipment	Number of Respondents listing
Parallel Bars	12(34%)
Weights/Pulleys	11(31%)
Ortho Bicycle Exerciser/Floor Bike	6(17%)
Cones	5(14%)
Sand Bags	4(11%)
Restorators	4(11%)
Canes	4(11%0
Dexterity Training - Games/Equipment, buttons etc	3(9%)
Abductor Splints/Squeeze Balls	3(9%)
Theraband	3(9%)
Mat Table	3(9%)
Hand Rolls	3(9%)
Shoulder Wheel	3(9%)
Cones	2(6%)
Hand and Leg Weights	2(6%)
Hand Exerciser	
Isolator	
Orthothron	
Babst Board	
Hoyer Lift	
Dynamotion	
Cart Shower	
Shampoo Board for bed residents	
Theraputty	
Wands	
Walkers all kinds	
Splints	
Special eating utensils	
Pedal Exercises	
Slings	
Exercise Table	
Immobilizer	
Hot Packs	
Dumbbells	

Respondents made the following additional comments regarding the course/job.

More attention needs to be given to head injury and stroke patients regarding mental counselling-sometimes care givers forget they can hear feel and can become very depressed

More attention to family counselling

Notify Rehab. Aids of new legislation when passed regarding P.T. or O.T.

Train all aides in the use of gait belts and proper transfer and positioning add an in-service on these activities twice a year.

We are just starting the Rehab. program at our facility so we don't have a lot of equipment or special tasks, except for R.O.M. and ambulating.

When I use the letter (F) for frequently I mean it, when I am in Rehab. I only do it when the Care Center wants me to. It is from 1-4 days a wk., mostly 0-2 days a week, now they say it is a law. Why don't they enforce it. Our old people need it bad. Thank You.

Provide more rehab. education to all care givers so it can be integrated with daily care. Rehab. takes the cooperation of all members

Rehab.. does care plans concerning their department. Maybe some of this should be covered.

I think this is a good course for any NA to have. Sometimes it seems as the only time residents get any rehab. is for 15-20 min. a day when in therapy.

Make sure they have hands on experience before sending them out on their own.

Let the Rehab. aides help more with the charting.

I think it would be nice if we could get some additional in-service programs after we have completed the course. I also took activity coordinator so I can work at both.

There is something I would like to say. I worked at a nursing home and they wanted me to take this course. While I worked there I was never assigned any rehab - what I did was on my own. Now I'm working in a hospital in an extended care unit - maybe I'll be able to use my new skills here.

This course needs more hands on training. I personally feel CPR is unnecessary.

Continued In-service classes are needed to keep current.

I do Cog. Funt. with little to no progress. Is there a limit to what should be done. I do more charting than exercise for these people.

I need refresher courses and help with specific problems since I have no one than nurses to oversee me.

Stress body mechanics, transfer belts and getting assistance when needed.

COMPETENCIES TO BE CONSIDERED FOR REHABILITATION AIDE PROGRAM
Revised following 5-24-90 Meeting

REHABILITATION CONCEPTS AND PERSONNEL

Describe rehabilitation

Assist the interdisciplinary team in providing and maintaining programs for individuals

Differentiate between "Care Giving" and rehabilitation/restorative care.

Identify the roles of various health care providers related to rehabilitation. Emphasize team approach. (Levels of Care - staffing Patterns will be included)

Describe role of rehabilitation aide, including limits of function, legal responsibilities and duties

Communicate effectively with patients/residents, staff, supervisors: including verbal, nonverbal, written. (Motivation of individual and families was included in discussion)

Effectively document rehabilitation activities of the resident/patient. (This was an area the committee recommend be stressed.)

Utilize motivational techniques and approaches to assist in the rehabilitation process

Identify the components of the residents bill of rights that apply to rehabilitation. (Resident confidentitality is to be stressed).

CONDITIONS REQUIRING REHABILITATION

Identify major body systems, list anatomical structures and functioning and define terms related to rehabilitation -especially those related to movement.

Describe normal aging process of the various body systems, identify how these changes differ from normal aging.

Describe the adverse effects of inactivity.

Utilize safety precautions when providing services.

Provide special rehabilitative care to persons with

a. Central Nervous System Diseases
b. Degenerative Diseases
c. Traumatic Assaults
d. Medical/surgical conditions
e. Developmental Disabilities
f. Terminal Illnesses

REHABILITATIVE TECHNIQUES

Identify and demonstrate all range of motions for each extremity. (Passive and Active)

Demonstrate correct body mechanics in providing care.

Demonstrate correct methods of transferring - include gait belts, transfer belts and dependent transfer.

Demonstrate safe use and proper application of splinting, bracing, orthodics and prostheses.

Demonstrate correct body positioning to assist resident to maintain correct alignment.

Demonstrate the appropriate use of ambulation equipment - include wheel chairs, walkers, quad cane and crutches.

Describe the physiological and psychological benefits of increasing independent care.

Train a resident in basic self care under the direction of an LPT or OTR.

Identify the basic resources for acquiring needed ADL supplies and equipment.

Use the basic concepts and specific recommendations of the physical therapist and occupational therapist in providing information and using the rehabilitation plan of care.

Differentiate the roles of the physical therapist, occupational therapist and rehabilitation aide in carrying out the plan of care.

Demonstrate exercise techniques.

Demonstrate the ability to monitor cardiopulmonary response to exercise and activity.

List and describe the various types of equipment required for rehabilitation care.

Recognize the psychological impact of disability or other life changes on the individual.

Utilize motivational approaches to increase reality awareness and overall functioning of the individual.

Describe reactions to pain and provide for common approaches to managing pain.

Describe general care that can maintain a healthy back.

Identify and provide for assistance during common emergency crises that can occur in the rehabilitation setting

Utilize established principles in providing rehabilitative services to persons who have had a CVA

Determine methods to work effectively with other health care providers in achieving rehabilitation goals.